

Purpose

Counselors who work with consumers who are deaf or hard of hearing may need more preparation to assist this heterogeneous group of consumers who may present with a myriad of systemic challenges that they experience in their families, schools, communities and workplaces (e.g., Wright & Reese, 2015). To best address these needs, counselors need to reconstruct their traditional role expectations to incorporate client and systemic advocacy (e.g., Fusick, 2008).

Social justice as a fifth force in the counseling profession is still relatively recent (e.g., Ratts et al., 2016). Training programs and counselors may struggle in engaging in this new movement in which cultural humility and activism are espoused (e.g., Diemer et al., 2016). Critical action is proposed as a vital element in working with clients who are deaf and hard of hearing.

Key References

Anderson, M. L., Glickman, N. S., Mistler, L. A., & Gonzalez, M. (2016). Working therapeutically with deaf people recovering from trauma and addiction. *Psychiatric rehabilitation journal*, 39(1), 27.

Darroch, E. (2018) An Illusion of Inclusion? - Can counselling psychology do more to ensure equality and access to psychological therapies for Deaf people, through their work with interpreters? *The European Journal of Counselling Psychology*, 7(1), 14-30.

Darroch, E., & Dempsey, R. (2016). Interpreters' experiences of transference dynamics, vicarious traumatization, and their need for support and supervision: a systematic literature review. *The European Journal of Counselling Psychology*, 4(2), 166-190.

Diemer, M. A., Rapa, L. J., Voight, A. M., & McWhirter, E. H. (2016). Critical consciousness: A developmental approach to addressing marginalization and oppression. *Child Development Perspectives*, 10(4), 216-221.

Fellinger, J., Holzinger, D., & Pollard, R. (2012). Mental health of deaf people. *The Lancet*, 379(9820), 1037-1044.

Schild, S., & Dalenberg, C. J. (2012). Trauma exposure and traumatic symptoms in deaf adults. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 117-127. doi:10.1037/a0021578

Wright, G. W., & Reese, R. J. (2015). Strengthening cultural sensitivity in mental health counseling for deaf clients. *Journal of Multicultural Counseling and Development*, 43(4), 275-287.

Relevant Literature

Marginalization in the Health Care System

- Systemic discrimination occurs regularly in the health care system by not providing communication access for Deaf patients' care and treatment (e.g., Fellinger et al., 2012).
- History of inadequate treatment and harmful misdiagnoses (Glickman & Harvey, 2008).
- Lack of trauma informed care. At least six distinct forms of trauma that are unique to people who are deaf and hard of hearing (Anderson et al., 2016; Schild & Dalenberg, 2012).
 - a. Lack of communication access in school.
 - b. Lack of communication access in hospitals.
 - c. Lack of communication with parents.
 - d. Witnessing parental grief upon diagnosis of deafness.
 - e. Recipients of physical/verbal punishment for signing at school.
 - f. Being sent to a Deaf residential school at a young age.

Steps to Critical Action

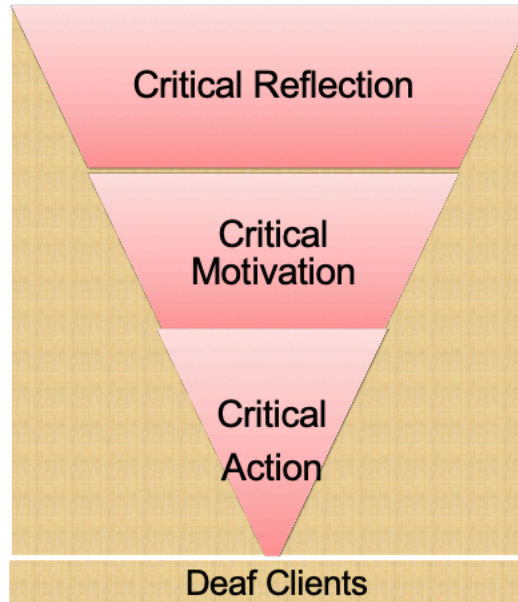
1. Critical Reflection:
How do systems of power work to maintain marginalized peoples in oppressive conditions? (Diemer et al., 2016)

2. Critical Motivation:
What are best practices when working with people who are deaf and hard of hearing? (Emond et al., 2015)

- Consider referral to a counselor who is fluent in ASL and Deaf culture, preferably a counselor who is Deaf themselves. (Wright & Reese, 2015)
- If referral is not possible, ensure communication access through professionally certified ASL interpreters or system of communication that is most accessible to client who is deaf or hard of hearing.

3. Critical Action:
Engage in social justice behavior to create systemic change.

- Identify barriers in insurance compensation that hinder referral to counselors who are fluent in ASL and Deaf culture.
- Educate oneself regarding obtainment of ASL interpretation services, and how to work effectively through interpreters.
- Expand counseling focus to include identification, recognition and dismantling of systems of power in the client's life.



Implications for Research, Teaching and Practice

Teaching

- Embed best practices in counseling programs for working with clients who are deaf and hard of hearing.
- Provide instruction in cultural humility.
- Include training in working as a team with professional ASL Interpreters.
- Facilitate guest lectures with members of the Deaf community.

Practice

- Engage in critical action to reduce cultural and linguistic barriers for clients.
- Refer clients who are deaf and hard of hearing to counselors who are a linguistic and cultural match.

Research

- Promote research regarding the efficacy of providing counseling through interpreting services.
- Promote use of community based participatory research strategies with members of the Deaf community.
- Cite Deaf scholars.

Conclusions

The Critically Conscious Counselor

1. Recognizes and incorporates the distinctives of Deaf Culture. (Wright & Reese, 2015)
 - Preference for communication in American Sign Language (ASL).
 - Collectivistic, tend to get information from other people who are deaf and hard of hearing.
 - Value directness in communication and eye contact.
 - Pride in Deaf identity, not interested in being "fixed."
2. Communicates through professional ASL interpreters. (Darroch, 2018)
 - Recognizes distinctives of the Triadic relationship with client, counselor, interpreter.
 - Provides pre and post sessions with the interpreter. (Darroch & Dempsey, 2016)
 - Co-constructs guidelines for roles and expectations of interpreter.
 - Provides training for interpreters to manage their own internal reactions to material presented in therapy. (Harvey, 2003)